

## STATE OF VERMONT

## HUMAN SERVICES BOARD

In re ) Fair Hearing No. 20,172  
 )  
Appeal of )

# INTRODUCTION

The petitioner appeals the decision by the Office of Vermont Health Access (OVHA) denying her request for prior approval of VHAP (Vermont Health Access Plan) coverage for occupational therapy (OT) for "myofascial release" and craniosacral therapy". The issue is whether OT for such treatments is considered experimental and medically necessary.

## FINDINGS OF FACT

1. The petitioner is a young woman who is a recipient of VHAP benefits. She suffers from chronic pain in her upper spine. The only medical diagnosis for her problem is contained in a report from her treating occupational therapist, which describes the etiology of her symptoms as follows: "likely soft tissue as MRI and x-ray studies have shown no findings apart from x-ray result of mild straightening/flattening of cervical lordosis".

2. In August 2005 OVHA, pursuant to VHAP and Medicaid regulations (see *infra*), approved coverage for four months of unspecified OT for the petitioner that had been prescribed by her doctor. It appears that sometime during these four months of coverage (August 15 to December 15, 2005) the petitioner's OT provider began treating the petitioner with treatments described as "myofascial release" and "craniosacral therapy".

3. On January 16, 2006 the petitioner's OT provider requested prior approval from OVHA for VHAP coverage for an additional four months (December 16, 2005 to April 15, 2006) of OT for the petitioner. The request described a treatment plan of "MFR" (myofascial release) and "CST" (craniosacral therapy), "postural retraining", and "home and routine training".

4. On January 18, 2006 the Department issued a notice to the petitioner's OT provider requesting additional information, including "current, peer reviewed medical literature on MFR, CST". On January 25, 2006 OVHA received a reply from the OT provider that included the following: "Peer reviewed literature has been previously provided to your office". The reply went on to identify two "other articles" on this subject.

5. Based on its review of these and all the other articles it had on file regarding MFR/CST, OVHA notified the petitioner's OT provider on January 27, 2006 that it would approve an additional four months of OT for the petitioner with the following proviso: "approval does not include use of myofascial release or craniosacral therapy due to inadequate research base". OVHA based its decision on its conclusion that there is no medical literature (including the articles submitted and referenced by the petitioner's OT provider) that supports the efficacy of MFR/CST, and on its determination that the medical literature considers such treatments experimental and investigational.<sup>1</sup>

6. The petitioner filed an appeal of this decision on January 31, 2006. At a hearing held on February 28, 2006 the petitioner was advised to attempt to obtain further statements from her doctors and/or OT provider regarding the medical necessity, efficacy, and acceptance of MFR/CST

---

<sup>1</sup> OVHA provided the Board and the petitioner with copies of all the articles in its database on this subject. OVHA admits that some of its data file on this subject may include articles previously submitted by this petitioner's OT provider, however it represents that the contributors of these articles are not identified in its records. At any rate, there is no allegation in this matter that OVHA has not adequately reviewed the existing medical literature on the subject of MFR/CST. The articles submitted by OVHA are unanimous and unequivocal in describing MFR/CST as controversial and clinically unproven. OVHA represents (and the petitioner presented no evidence to dispute) that the two articles submitted in January 2006 by the petitioner's OT provider were not published in mainstream medical journals and were not peer reviewed.

therapy. The hearing officer also directed OVHA to respond to the petitioner's allegation that it had specifically approved this therapy from August to December 2005.

7. At a phone status conference, held on April 21, 2006, OVHA represented that, while generally covering the petitioner's initial request for four months of OT, it had never specifically approved MFR/CST therapy. The petitioner did not dispute this representation. The hearing officer again advised the petitioner to have her doctors specifically address the bases of the Department's denial.

8. Following the granting of a request from the petitioner for additional time, on June 12, 2006 the petitioner forwarded to OVHA separate brief handwritten notes from her two treating physicians. The first, dated March 7, 2006, states that the petitioner "obtains benefit from myofascial release" and that it "helps in treating her rib subluxation". The other note states that the petitioner "is in need of myofascial release of her rib subluxation".

9. Based on the above, it appears that the petitioner derived some, albeit self-reported, medical benefit from MFR/CST therapy. To date, however, the petitioner has presented no medical evidence or opinion that MFR/CST is considered anything other than experimental and

investigational. Neither is there any medical evidence or opinion that other (covered) treatments either have proven to be ineffective or that they might be medically contraindicated for the petitioner at this time.

ORDER

The Department's decision is affirmed.

REASONS

VHAP regulations and procedures allow for an initial four months of coverage for prescribed OT. For coverage beyond four months (up to one year), "prior approval is required". W.A.M. § 4003.1, Procedures Manual § 4005(b)(3)(g). The regulations governing prior approval specifically require, inter alia, that the requested service be "medically necessary", "the least expensive, appropriate health service available", and "not experimental or investigational". W.A.M. § M106.4. In addition, the regulations defining "medical necessity" include the following provision: "Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or manage the diagnosis or condition. . ." W.A.M. § M107.

In this case the petitioner's doctors appear to believe that she has derived medical benefit from the MFR/CST therapy she received in 2005 as part of her first four months of OT. Unfortunately, however, the petitioner has not provided any medical evidence or opinion that would contradict the Department's determination that such therapy is nonetheless considered anything other than experimental or investigational. Nor has the petitioner shown that she and her doctors have considered alternative treatments that may be appropriate and available (i.e., covered under VHAP).<sup>2</sup>

In the absence of such evidence it must be concluded that the Department's decision in this matter is fully in accord with the above regulations and must, therefore, be affirmed by the Board. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 17.

# # #

---

<sup>2</sup> The petitioner has been informed, and is again advised, that if and when she obtains such evidence, she is free to resubmit a request for prior approval for OT that includes MFR/CST therapy. The petitioner is also free to bring this decision to the attention of her providers for their specific comment as part of any future requests for coverage they may make in her behalf.